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Challenges in using cardiovascular medications in Sub-Saharan Africa

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Propositions

Behorende bij het proefschrift

Challenges in Using Cardiovascular Medications in Sub-Saharan Africa

1. Urbanization and lifestyle changes have resulted in an epidemiological transition from infectious to non-communicable disease in Sub-Saharan Africa. (Dennison *et al*)
2. In knowledge, attitude and practice (skill) theoretical models, knowledge is a first step towards good prescribing, dispensing, and administration practices. (This thesis)
3. Healthcare professional medication knowledge is suboptimal in Africa. (This thesis)
4. Population-based differences in tolerance to [or safety profile of] drugs may be found through pharmacovigilance in Sub-Saharan Africa. (This thesis)
5. Adverse drug reaction (ADRs) reports in general, and for cardiometabolic drugs, has sharply increased in Sub-Saharan Africa. (This thesis)
6. Achieving target BP during routine clinical follow-up is a major public health challenge in Ethiopia as in other countries (This thesis)
7. Poor BP control could be in part due to clinical inertia. (This thesis)
8. Medication adherence may be improved by addressing treatment satisfaction and better management of ADEs, also in an Ethiopian setting. (This thesis)
9. "I always get surprised when people ask me about my favorite things since I had been through conditions of no options." (Anonymous)
10. "I may not have gone where I intended to go, but I think I have ended up where I needed to be." (Douglas Adams).
11. "After climbing a great hill, one only finds that there are many more hills to climb." (Nelson Mandela)

Derbew Fikadu Berhe
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